

AMENDMENTS TO UTAH DIGITAL HEALTH**SERVICE COMMISSION ACT**

2008 GENERAL SESSION

STATE OF UTAH

LONG TITLE**General Description:**

This bill amends the Utah Digital Health Service Commission Act.

Highlighted Provisions:

This bill:

- ▶ replaces the term "telehealth" with the term "digital health service";
- ▶ removes the requirement that the 11 member Digital Health Service Commission be confirmed by the Senate;
- ▶ gives the Department of Health authority to recommend to the governor 7 of the members of the commission;
- ▶ requires the chairperson of the commission to report to the executive director of the Department of Health; and
- ▶ amends the duties of the commission, including requires the commission to:
 - facilitate adoption of electronic health data creation, exchange and management for the purposes of implementation of health care reforms in the state;
 - advise and make recommendations to the department concerning patient privacy related policies;
 - in consultation with the department, advise the Legislature and governor; and
 - place an emphasis on helping rural health care providers and special populations.

Monies Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

32 **26-9f-102**, as last amended by Laws of Utah 2004, Chapter 33

33 **26-9f-103**, as last amended by Laws of Utah 2004, Chapter 33

34 **26-9f-104**, as last amended by Laws of Utah 2006, Chapter 121

35

36 *Be it enacted by the Legislature of the state of Utah:*

37 Section 1. Section **26-9f-102** is amended to read:

38 **26-9f-102. Definitions.**

39 As used in this chapter:

40 (1) "Commission" means the Utah Digital Health Service Commission created in
41 Section 26-9f-103.

42 (2) [~~"Telehealth"~~] "Digital health service" means the electronic transfer [~~or~~], exchange
43 [~~of medically~~], or management of related data for diagnosis, treatment, consultation,
44 educational, public health, or other related purposes.

45 Section 2. Section **26-9f-103** is amended to read:

46 **26-9f-103. Utah Digital Health Service Commission.**

47 (1) There is created within the department the Utah Digital Health Service
48 Commission.

49 (2) The governor shall appoint 11 members to the commission [~~with the consent of the~~
50 ~~Senate,~~] as follows:

51 (a) a physician who is involved in [~~telehealth~~] digital health service;

52 (b) a representative of a licensed health care facility or system as defined in Section
53 26-21-2;

54 (c) a representative of rural Utah, which may be a person nominated by an advisory
55 committee on rural health issues created pursuant to Section 26-1-20;

56 (d) a member of the public who is not involved with [~~telehealth~~] digital health service;
57 and

58 (e) seven members:

59 (i) selected from a list of three nominees for each open position [~~submitted by the~~
60 ~~division over health systems improvement~~] recommended by the department in consultation
61 with the commission; and

62 (ii) who fall into one or more of the following categories:

(A) individuals who use [~~telehealth~~] digital health service in a public or private institution;

(B) individuals who use [~~telehealth~~] digital health service in serving medically underserved populations;

(C) nonphysician health care providers involved in [~~telehealth~~] digital health service;

(D) information technology professionals involved in [~~telehealth~~] digital health service;

(E) representatives of the health insurance industry; and

(F) [~~telehealth~~] digital health service consumer advocates.

(3) (a) The commission shall annually elect a chairperson from its membership. The chairperson shall report to the executive director of the department.

(b) The commission shall hold meetings at least once every three months. Meetings may be held from time to time on the call of the chair or a majority of the board members.

(c) Six commission members are necessary to constitute a quorum at any meeting and, if a quorum exists, the action of a majority of members present shall be the action of the commission.

(4) (a) Except as provided in Subsection (4)(b), a commission member shall be appointed for a three-year term and eligible for two reappointments.

(b) Notwithstanding Subsection (4)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of commission members are staggered so that approximately 1/3 of the commission is appointed each year.

(c) A commission member shall continue in office until the expiration of the member's term and until a successor is appointed, which may not exceed 90 days after the formal expiration of the term.

(d) Notwithstanding Subsection (4)(c), a commission member who fails to attend 75% of the scheduled meetings in a calendar year shall be disqualified from serving.

(e) When a vacancy occurs in membership for any reason, the replacement shall be appointed for the unexpired term.

(5) (a) Board members who are not government employees may not receive compensation or benefits for the services, but may receive per diem and expenses incurred in the performance of their official duties at rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

(b) A commission member may decline to receive per diem and expenses for service to the commission.

(6) The department shall provide informatics staff support to the commission.

(7) The funding of the commission shall be a separate line item to the department in the annual appropriations act.

Section 3. Section **26-9f-104** is amended to read:

26-9f-104. Duties and responsibilities.

The commission shall:

(1) facilitate adoption of electronic health data creation, exchange and management for the purposes of implementation of health care reform in the state;

~~[(1)]~~ (2) advise and make recommendations on [telehealth] digital health service issues to the department~~[, the Utah Technology Commission,]~~ and other state entities;

(3) advise and make recommendations on digital health service related patient privacy to the department;

~~[(2)]~~ (4) promote collaborative efforts to establish technical compatibility, uniform policies, and privacy features to meet legal, financial, commercial, and other societal requirements;

~~[(3) serve as a clearinghouse on emerging telehealth technologies;]~~

~~[(4)]~~ (5) identify, address, and seek to resolve the legal, ethical, regulatory, financial, medical, and technological issues that may serve as barriers to [telehealth] digital health service;

~~[(5)]~~ (6) explore and encourage the development of [telehealth] digital health service systems as a means of reducing health care costs and increasing health care quality and access, [including] with emphasis on assisting rural health care providers and special populations with access to or development of electronic medical records;

~~[(6)]~~ (7) seek public input on [telehealth] digital health service issues; and

~~[(7) educate the public, state officials, and the health care community on telehealth issues; and]~~

(8) in consultation with the department, advise the governor and Legislature on:

(a) the role of [telehealth] digital health service in the state;

(b) the policy issues related to [telehealth] digital health service;

- 125 (c) the changing [~~telehealth~~] digital health service needs and resources in the state; and
- 126 (d) state budgetary matters related to [~~telehealth~~] digital health service.